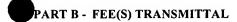
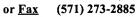
PART B - FEE(S) TR

Complete and send this form, together with applicable fee(s), to: Mail





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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a senarate "FEE ADDRESS" for

maintenance fee notification	is.		specifying a new c			datate FEE ADDRESS for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 12/12/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Arlene J. Powers Gauthier & Connors LLP 225 Franklin Street Suite 3300				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Boston, MA 02110				MollyCC. K		(Depositor's name)	
) 02/16/2006 MBIZUNE2 00000145 10031928				Holly C.	belly	(Signature)	
	01 FC:2501	700.00 0		218106	U	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/031,928	06/10/2002		Frederick James M	oss	6540	8099	
TITLE OF INVENTION: A	NTI-SCALING DEVICE						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$0	\$700	03/13/2006	
EXAMINER		ART UNIT	CI	ASS-SUBCLASS	]		
MACARTHU	MACARTHUR, VICTOR L			256-012000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government							
4a. The following fcc(s) are enclosed:  4b. Payment of Fee(s):  3d A check in the amount of the fee(s) is enclosed.							
☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0079 (enclose an extra copy of this form).							
5. Change in Entity Status  a. Applicant claims S	(from status indicated above MALL ENTITY status. See	· _	b. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issublication Fee (if required) vords of the United States Pate	ue Fee and Publication will not be accepted fent and Trademark O	n Fee (if any) or to rom anyone other the ffice.	re-apply any previousl nan the applicant; a regi	y paid issue fee to the applic istered attorney or agent; or t	ation identified above. the assignee or other party in	
Authorized Signature							
Typed or printed name Arlene J. Powers				Registration No. 35,985			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							